

COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <b>BRIAN BICKHAUS</b></p> <p>C. Date of Delivery <b>9/11/07</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>0707798</b> <b>SIC, Anderson</b></p>	
1. Article Addressed to:  <b>Brian Bickhaus</b> <b>3201 Ross Clark Circle</b> <b>Dothan, AL 36303</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <b>7006 2760 0002 4407 2346</b>		4. Restricted Delivery <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1500